# CLAIMS ONLY

Application Number: 10-691,303

Filing Date:

Applicant(s):

May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | Indep | Depend | Indep | Depend | Indep | Depend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | 51 | | | | | | |
| 1 | | | | | | | 52 | | | | | | |
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| 3 | | | | | | | 54 | | | | | | |
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| 25 | | | | | | | 76 | | | | | | |
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| 33 | | | | | | | 84 | | | | | | |
| 34 | | | | | | | 85 | | | | | | |
| 35 | | | | | | | 86 | | | | | | |
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| 37 | | | | | | | 88 | | | | | | |
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| 48 | | | | | | | 99 | | | | | | |
| 49 | | | | | | | 100 | | | | | | |
| 50 | | | | | | | | | | | | | |
| Total Indep | 1 | | | | | | Total Indep | | | | | | |
| Total Depend | 9 | | | | | | Total Depend | | | | | | |
| Total Claims | 10 | | | | | | Total Claims | | | | | | |